Personal Health Journal

Keeping Track of Your Health

People you can trust *for life*

PAN AMERICAN LIFE INSURANCE GROUP

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Pan-American Life Insurance Group (PALIG) has developed this **Personal Health Journal** to help you stay on top of your key medical information. Tracking your health conditions, tests and progress in this journal can help you be prepared for and get the most out of your appointments with your doctor. It also gives you more control over your well-being.

This journal is a companion resource for PALIG's free Personal Health Roadmap guide available at https://www.palig.com/pan-american-life-insurance-market-trends-report. This Roadmap offers guidance on the key things you need to know and do to manage your wellness. It also includes information and links to the many health promotion and disease prevention programs that PALIG is rolling out in the region.

We congratulate you on your decision to take more charge of your personal health!

The Basics

Name: _____

Date of Birth: _____

Primary Doctor: _____

Contact Info: _____

Specialist: _____

Contact Info: _____

Specialist: _____

Contact Info: _____

Specialist: _____

Contact Info: _____

Pharmacy: _____

Contact Info: _____

Health Insurance: _____

Policy Number: _____

Contact Info: _____

Vision Insurance: _____

Policy Number: _____

Contact Info: _____

Dental Insurance: _____

Policy Number: _____

Contact Info: _____

Blood Type: _____

Medication Allergies: _____

Your Health Now

Existing Conditions

Write down significant ailments or conditions that you have now.

Date:

Ailments / Conditions	Current Treatment	Medication You're Taking For it		
		Medication	Dosage	Frequency

Vital Statistics / Lab Numbers

These numbers are an important part of understanding your overall health. You should record your vital statistics here whenever you get a new set of numbers from a visit to your doctor or clinic. You can also use this table to track measures you may be taking yourself more frequently at home. For example, your doctor may ask you to take and record your weight or blood pressure every day. You can print extra blank copies of this page if so.

Date	Height	Weight	BMI	Blood Pressure	Heart Rate	HDL	LDL	Total Cholesterol	Blood Sugar

BMI, Body Mass Index; HDL, high-density lipoprotein; LDL, low-density lipoprotein

Health Exams and Screenings

Fill in the date that the test was performed and the results.

MEN AND WOMEN

	Exam 1		Exam 2		Exam 3	
	Date	Results	Date	Results	Date	Results
Diabetes						
Cholesterol						
Skin Cancer						
Prostate Cancer						
Colorectal Cancer						
Prostate Cancer						
Lung Cancer						

WOMEN

	Exam 1		Exam 2		Exam 3	
	Date	Results	Date	Results	Date	Results
Pap Test						
Breast Exam						
HPV						
Osteoporosis						

MEN

	Exam 1		Exam 2		Exam 3	
	Date	Results	Date	Results	Date	Results
Abdominal						
Aortic						
Aneurysm						

Your Health History

Immunizations
Fill in date received and any follow-up needed.

	Date	Date	Date	Date
Covid-19:				
Influenza (Flu shot)				
TB Screen				
Pneumonia				
Hepatitis B				
Hepatitis A				
Measles, Mumps, Rubella				
Meningitis				
Other:				
Other:				

Major Illnesses

Date	Illness Type	Treatment

Hospitalizations

Date	Reason	Treatment

Surgeries / Procedures

Date	Type	Outcome

Chronic Illness

Type	When Diagnosed	Treatment

Your Family History

Relative (e.g. grandmother)	Condition(s) or Ailments	Age (or age at death)	Cause of Death (if passed)
Father			
Mother			

Wellness Habits

Note down some things you are doing in each of the key areas to improve your health.

Healthier Diet

Date	Goal / Habit	Progress	Result

More Physically Active

Date	Goal / Habit	Progress	Result

Better Sleep

Date	Goal / Habit	Progress	Result

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